

## Quarterly Totals

### Demographic Reporting Form Positive Alternatives

Date: 4/1/16-6/30/16

Grantee Name: Women's Life Care Center

#### 1. Client Age Range:

| Under 15 | 15-17 | 18-19 | 20-24 | 25-29 | 30-34 | 35+ | Unknown age |
|----------|-------|-------|-------|-------|-------|-----|-------------|
|          |       | 6     | 8     | 10    | 14    | 14  | 9           |

#### 2. Client Pregnancy Status:

| 1st Trimester | 2nd Trimester | 3rd Trimester | Post-partum | Pregnancy Status Unknown |
|---------------|---------------|---------------|-------------|--------------------------|
| 18            | 26            | 4             | 13          |                          |

#### 3. Client Marital Status:

| Married | Not Married | Marital Status Unknown |
|---------|-------------|------------------------|
| 35      | 25          | 1                      |

#### 4. Client Race:

| Race: White | Race: African Amer. | Race: African-African | Race: American Indian | Race: Asian Pacific | Race: Other/ Multi Race |
|-------------|---------------------|-----------------------|-----------------------|---------------------|-------------------------|
| 19          | 30                  | 1                     |                       | 3                   | 8                       |

#### 5. Client Ethnicity:

| Race: Unknown | Hispanic Ethnicity: Yes | Hispanic Ethnicity: No |
|---------------|-------------------------|------------------------|
| 0             | 18                      | 43                     |

